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**KNOBBE MARTENS OLSON & BEAR LLP**  
**2040 MAIN STREET**  
**FOURTEENTH FLOOR**  
**IRVINE, CA 92614**

09/17/2007 RHEBRAH1 00000018 10803267

01 FC:1501 1400.00 OP  
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|                    |
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| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/803,267 03/18/2004 Paul E. Denney LOMASR.026CPI 5395

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETECTING EMBEDDED REBAR WITHIN AN INTERACTION REGION OF A STRUCTURE IRRADIATED WITH LASER LIGHT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional NO \$1400 \$300 \$0 \$1700 09/13/2007

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
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EVANS, FANNIE L 2877 356-328000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe Martens  
 2. Olson & Bear LLP  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Loma Linda University Medical Center Loma Linda, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 9/13/07

Typed or printed name

Registration No. 47,677

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